

HVAC MASTER CONTRACTOR EXAM

EXAM SCHEDULE

The HVAC MASTER CONTRACTOR Exam shall be given on the 3rd Wednesday of January, April, July and October.

TIME & LOCATION OF EXAM

The exam will begin at 8:00 a.m. **Late arrivals will NOT be allowed to test.** The exam can take up to 8 hours and is in 4 parts.

- (1) 1997 Uniform Mechanical Code (ICBO), 100 questions, closed book, multiple choice.
- (2) 1997 Uniform Mechanical Code (ICBO), 20 questions, open book
- (3) City of Lincoln Gas Piping Code
 - a. 20 questions, closed book, multiple choice
 - b. Gas Piping sizing drawing
- (4) Manual 'J' Heat gain/loss calculation

All portions of the exam will be given at the

**ABC training Center
830 Westgate Boulevard
Lincoln, NE**

A map of the location is attached. Please review directions to the exam location before the test day, if you are not familiar with the area.

BRING TO EXAM

The following is a list of items to bring to the test:

ACCA Manual 'J' (7th Edition)
Pencils/Pens/Calculator
1997 Uniform Mechanical Code (ICBO Version Only!)
City of Lincoln Gas Piping Code Book
Optional: Refreshments (coffee, soda, snacks)

We request that cellular phones be turned off during the examination.

ELIGIBILITY TO TEST

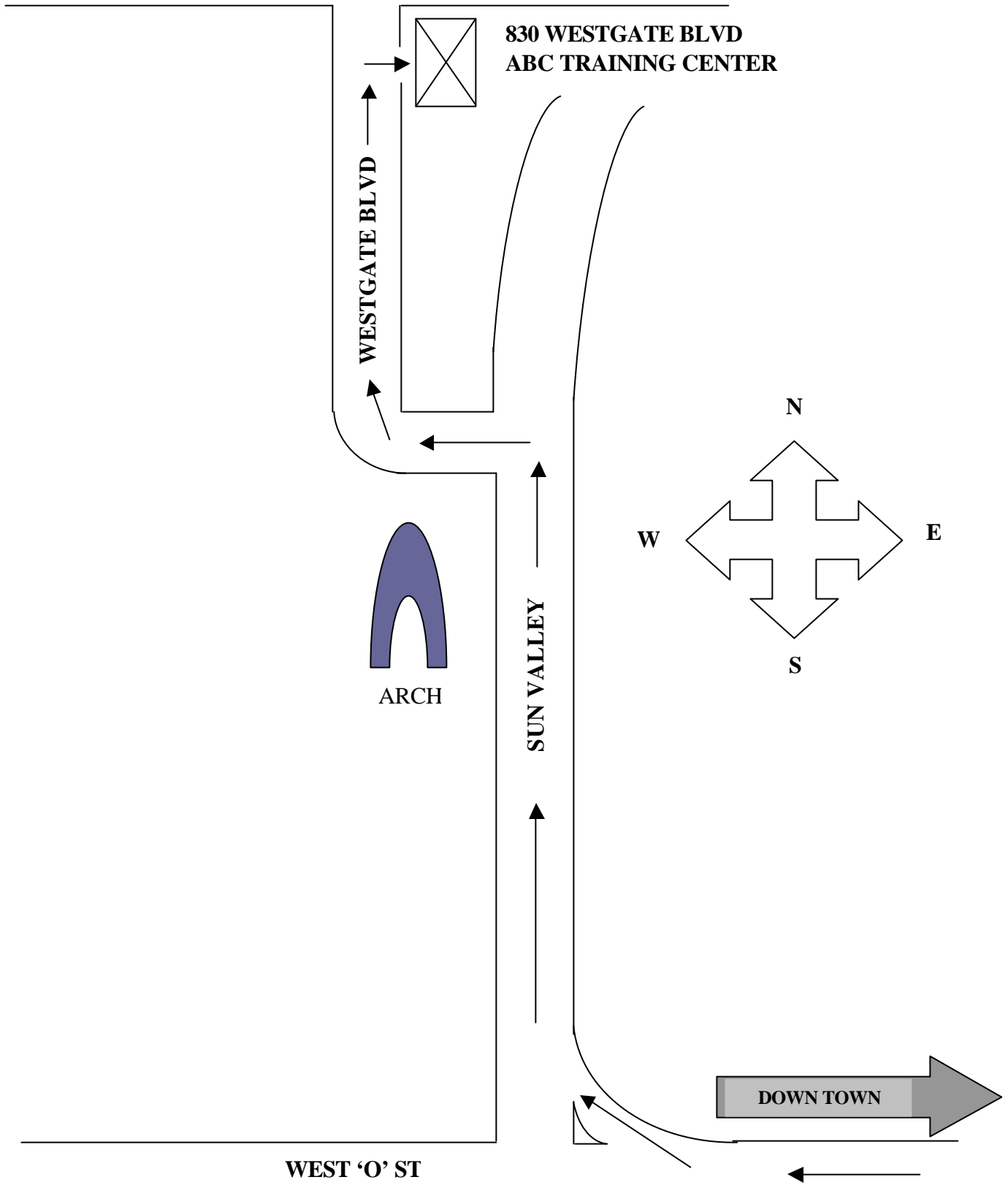
Your exam application will be reviewed. **If it is found that you are ineligible to take the exam. I will notify you and your exam fee will be refunded.**

Please call me at 441-7508 if you have any questions.

Merl Scott
Chief HVAC Inspector
Department of Building & Safety
City of Lincoln, NE

DETACH THIS PAGE AND SAVE FOR YOUR RECORD

MAP



DETACH AND SAVE THIS MAP FOR YOUR USE

EXAMS

Receipt # _____

Date: _____

**DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH STREET, ROOM 203,
LINCOLN, NE 68508**

If you are retaking an exam within 6 months of your first exam, you may stop after the "Application for:" section

NAME _____
(Type or Print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

Application for:

- Please check one -

ELECTRICAL EXAM

Master \$50.00
Journeyman \$50.00
Maintenance \$50.00

DECO FIREPLACE/GAS LOG EXAM

Contractor \$50.00
Installer \$50.00

HVAC EXAM

Master Contractor \$150.00
Journeyman Tech \$100.00

PLUMBING EXAM

Master \$100.00
Journeyman \$75.00

GAS FITTER EXAM

Master \$30.00
Journeyman \$30.00

WATER CONDITIONING EXAM

Contractor \$30.00
Installer \$30.00

FIRE SPRINKLER EXAM

Contractor \$40.00
Journeyman \$40.00

GAS EXTINGUISHER EXAM

Contractor \$40.00
Journeyman \$40.00

WET/DRY CHEMICAL EXAM

Contractor \$40.00 ~
Journeyman \$40.00 ~

- If you are **retaking** an exam *within 6 months* of your *first exam*, you may stop here –

List appropriate **LICENSES or CERTIFICATES** issued to you by other governmental agencies:

1. Type: _____ Issued by: City ~ State ~ (Check one)

Exam Date ____/____/____ (Month/Year) Registration #: _____

2. Type: _____ Issued by: City ~ State ~ (Check one)

Exam Date ____/____/____ (Month/Year) Registration #: _____

EMPLOYMENT

1. Present: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to Present Type of Work _____

2. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to ____/____/____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to ____/____/____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to ____/____/____ Type of Work _____

EDUCATION

College / University _____ City, State _____

Type of Course _____ Degree _____ Year Completed _____

Course completed appropriate to application:

1. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

2. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

3. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

EXPERIENCE

List Two MAJOR PROJECTS that you have worked on within the past year:

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

List **PROJECTS** you have worked on in the **PREVIOUS THREE YEARS**:

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

3. Name _____ Address _____

Type of Work _____

4. Name _____ Address _____

Type of Work _____

List below any ADDITIONAL INFORMATION or WORK EXPERIENCE that may be valuable to the Board of Examiners:

I hereby grant permission the Board of Examiners to contact employers, schools or individual persons named on this application for verification of the information submitted.

False information submitted will be *grounds to void* the application or *revoke* a Certificate issued.

X _____
Signature of Applicant